

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000098161

**Entity Name:** MASTER SPEECH CLINIC, LLC

**Current Principal Place of Business:**

200 WAYMONT COURT  
SUITE 126 - 11  
LAKE MARY, FL 32746

**Current Mailing Address:**

P.O. BOX 951586  
LAKE MARY, FL 32795-1586 US

**FEI Number:** 46-0826819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YAGUDA, KIYA J  
346 HANGING MOSS CIRCLE  
LAKE MARY, FL 32746 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name YAGUDA, KIYA J  
Address 346 HANGING MOSS CIR  
City-State-Zip: LAKE MARY FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KIYA J. YAGUDA

**MANAGER**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date